## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 385575 **DOCUMENT #**

1. Entity Name

FOUR SEASONS GARDEN CENTER, INC.

## Mar 06, 2003 8:00 am & Secretary of State **FILED**

03-06-2003 90138 047 \*\*\*150.00

			WE UP	y	
Principal Pla 113 TERONDA WELAKA FL (		Mailing Address P.O. BOX 265 WELAKA FL 32193			1817 Birdin Budur Birdin Budur 1881
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State	بني پنجي ۽ د	- 4. FEI Number 59-1362293	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	<u> </u>	7. Name and Address of New Registered	Agent
		•	Name	,	
SOMMER	, erich B		Street Address	ss (P.O. Box Number is Not Acceptable)	
113 TERC	ONDA ROAD		Street Addres	55 (r.O. DOX Hulfiber is NOt Acceptable)	†
WELAKA	FL 32193				
t			City	FL	Zip Code
8. The above	e named entity submits this statemen	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept
the obliga	itions of registered agent.	The same personal straining rights		reside agoing or both, in the older of horizon. Tall	Tarrillar Willi, and accept
•	285	ommy E.	B. SOMMER	PRESIDENT	
SIGNATURE	Signature, typed or printed name of registered ag		E: Registered Agent signature requ		
<u></u>	U E NOVIUL EEE IC 6450.00			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003' Fee will be \$550.0	10		9. Election Campaign Financing	<b>\$5.00</b> мау Ве
	k Payable to Florida Department	1		Trust Fund Contribution.	Added to Fees
10.	· · · · · · · · · · · · · · · · · ·	ND DIRECTORS	T 11.	ADDITIONS (OHANGES TO OFFICERS AND	DIDECTORS IN 44
TITLE	PST OFFICERS AF			ADDITIONS/CHANGES TO OFFICERS AND	
NAME	SOMMER, ERICH B	Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	113 TERONDA ROAD		STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS	i		STREET ADDRESS		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

2/10/03

386-467-3150 Daytime Phone #